

CAP PILOT FLIGHT EVALUATION - GLIDER

DATE OF CHECK:

MEMBER'S NAME (print or type)	CAP MEMBER EXP DATE	CHARTER NO	AIRCRAFT
TYPE CHECK (Check all satisfactorily completed flight checks)			
<input type="checkbox"/> Initial	<input type="checkbox"/> Cadet Orientation	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Annual Standardization	<input type="checkbox"/> Instructor/Check Pilot		
INSTRUCTIONS			
Sections I and II may be completed separately within a 30-day period before the flight check. All items for the appropriate type check must be completed indicating S - Satisfactory, U - Unsatisfactory or V - Verbally. If a member can satisfactorily perform the more complex maneuvers, less complex maneuvers need not be accomplished at the discretion of the check pilot. Pilots are evaluated on their ability to satisfactorily perform the tasks assigned, knowledge of procedures, smoothness, judgment, and mastery of the aircraft. Failure to meet the standards of performance for any task performed will result in an unsatisfactory evaluation. Tolerances specified in the FAA Private Practical Test Standards represent the minimum performance expected in good flying conditions.			
I. ORAL DISCUSSION		V. GROUND LAUNCH (AUTO OR WINCH)	
A. CAPF 5 Written Exam		A. Visual Signals	
B. Review CAPR 60-1 & Supplements		B. Normal & Crosswind Takeoffs	
C. Review Flight Release Procedures		C. Ground Launch Abnormal Occurrences	
D. Review CAPF 9 Requirements		VI. IN-FLIGHT MANEUVERS	
E. Local Procedures		A. Straight Glide	
II. PREFLIGHT PREPARATION		B. Turns to Headings	
A. Certificates & Documents		C. Steep Turns	
B. Obtaining Weather Information		D. Maneuvering at Critical Slow Airspeed	
C. Flight Instruments & Systems		E. Stall Recognition and Recovery	
D. Determine Performance & Limitations		VII. PERFORMANCE AIRSPEEDS	
E. Flight Preparation & Planning		A. Minimum Sink Airspeed	
F. Equipment		B. Speed-to-fly	
G. Aeromedical Factors		VIII. SOARING TECHNIQUES	
III. GROUND OPERATIONS		A. Thermal Soaring	
A. Assembly		B. Ridge and Slope Soaring	
B. Visual Inspection		C. Wave Soaring	
C. Ground Handling		IX. APPROACHES AND LANDINGS	
D. Pre-takeoff Check		A. Traffic Pattern	
E. Post-flight Procedures		B. Normal and Crosswind Landings	
F. Takeoff Briefing		C. Slips to Landing	
IV. AEROTOW LAUNCH		D. Downwind landing	
A. Visual Signals		E. Simulated Off-airport Landings	
B. Normal & Crosswind Takeoffs		X. SAFETY AWARENESS	
C. Maintaining Tow Position		A. Clearing	
D. Slack Line Procedures		B. Collision Avoidance	
E. Boxing the Wake		C. Checklist Usage	
B. Tow Release		D. Stall / Spin Awareness	
C. Aerotow Abnormal Occurrences		E. Vigilance, Risk Management & Judgement	
		BFR Date:	FAA Pilot Certificate No.:
I certify that I have read and understand all applicable FAA, CAP, and state regulations pertaining to flying subject aircraft. I acknowledge any restrictions or training requirements stated above. I also understand that maintaining currency, recurring requirements, and compliance with applicable directives is my personal responsibility.			
DATE	MEMBER'S NAME & GRADE (Print or Type)		MEMBER'S SIGNATURE
I certify that I have administered a CAP flight check as indicated and that the below named CAP member: (Evaluator initial blanks)			
_____	Has demonstrated proficiency required to fly the indicated aircraft.		
_____	Has demonstrated proficiency required to be a cadet orientation pilot.		
_____	Has a current CAPR 60-1 and is aware of the Statement of Understanding requirements.		
_____	Is not qualified. Requires additional training and recheck.		
COMMENTS:			
DATE	FLIGHT TIME	EVALUATOR'S NAME & CERT NO.	EVALUATOR'S SIGNATURE
NAME & GRADE OF UNIT OPERATIONS OFFICER		SIGNATURE	DATE